

<i>SERFF Tracking Number:</i>	<i>XLAM-125353003</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Greenwich Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#64268 \$50</i>
<i>Company Tracking Number:</i>	<i>07MD-IS-GL37-MU-AR</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Revised Lead Exclusion Endorsement</i>		
<i>Project Name/Number:</i>	<i>Revised Lead Exclusion Endorsement/07MD-IS-GL37-MU-AR</i>		

Filing at a Glance

Companies: Greenwich Insurance Company, XL Insurance America, Inc. (formerly Winterthur International America Insurance Company)

Product Name: Revised Lead Exclusion Endorsement SERFF Tr Num: XLAM-125353003 State: Arkansas

TOI: 17.0 Other Liability - Claims Made/Occurrence SERFF Status: Closed State Tr Num: #64268 \$50

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 07MD-IS-GL37-MU-AR State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Authors: Janice Bartle, Kate MacDonnell Disposition Date: 11/29/2007

Date Submitted: 11/21/2007 Disposition Status: Approved

Effective Date Requested (New): 01/01/2008 Effective Date (New):

Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Revised Lead Exclusion Endorsement

Project Number: 07MD-IS-GL37-MU-AR

Reference Organization:

Reference Title:

Filing Status Changed: 11/29/2007

State Status Changed: 11/29/2007

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Greenwich Insurance Company and XL Insurance America, Inc. are submitting revised Lead Exclusion Endorsement XIL 430 0707 for your review and approval. We are removing the letter "h" that was shown before the word "Lead" in the previously filed and approved form XIL 430 0605.

SERFF Tracking Number: XLAM-125353003 State: Arkansas
 First Filing Company: Greenwich Insurance Company, ... State Tracking Number: #64268 \$50
 Company Tracking Number: 07MD-IS-GL37-MU-AR
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: Revised Lead Exclusion Endorsement
 Project Name/Number: Revised Lead Exclusion Endorsement/07MD-IS-GL37-MU-AR

Company and Contact

Filing Contact Information

Kate MacDonnell, Product Support Analyst Kate.MacDonnell@xlgroup.com
 1201 North Market Street, Suite 501 (302) 661-7040 [Phone]
 Wilmington , DE 19801 (302) 778-4190[FAX]

Filing Company Information

Greenwich Insurance Company CoCode: 22322 State of Domicile: Delaware
 1201 North Market street Group Code: 1285 Company Type:
 Suite 501
 Wilmington, DE 19801 Group Name: State ID Number:
 (866) 304-3079 ext. [Phone] FEIN Number: 95-1479095

XL Insurance America, Inc. (formerly Winterthur CoCode: 24554 State of Domicile: Delaware
 International America Insurance Company) Group Code: 1285 Company Type:
 1201 North Market street
 Suite 501
 Wilmington, DE 19801 Group Name: State ID Number:
 (800) 394-3909 ext. [Phone] FEIN Number: 75-6017952

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Greenwich Insurance Company	\$50.00	11/21/2007	
XL Insurance America, Inc. (formerly Winterthur International America Insurance Company)	\$0.00	11/21/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
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64268	\$50.00	11/21/2007	

SERFF Tracking Number: *XLAM-125353003* *State:* *Arkansas*
First Filing Company: *Greenwich Insurance Company, ...* *State Tracking Number:* *#64268 \$50*
Company Tracking Number: *07MD-IS-GL37-MU-AR*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *Revised Lead Exclusion Endorsement*
Project Name/Number: *Revised Lead Exclusion Endorsement/07MD-IS-GL37-MU-AR*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/29/2007	11/29/2007

SERFF Tracking Number: XLAM-125353003 State: Arkansas
First Filing Company: Greenwich Insurance Company, ... State Tracking Number: #64268 \$50
Company Tracking Number: 07MD-IS-GL37-MU-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Revised Lead Exclusion Endorsement
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Disposition

Disposition Date: 11/29/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Lead Exclusion	Approved	Yes

SERFF Tracking Number: XLAM-125353003 State: Arkansas

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TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Revised Lead Exclusion Endorsement

Project Name/Number: Revised Lead Exclusion Endorsement/07MD-IS-GL37-MU-AR

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Lead Exclusion	XIL 430	0707	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 XIL 430 0605 Previous Filing #: 05MD-XW-GL01-MU		XIL 430 0707.pdf

ENDORSEMENT

This endorsement, effective 12:01 a.m., , forms a part of
Policy No. issued to
by

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LEAD EXCLUSION

This endorsement modifies insurance provided under the following:

RAILROAD PROTECTIVE LIABILITY COVERAGE FORM

It is agreed that:

SECTION I - COVERAGES, COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Item **2. EXCLUSIONS**, is amended to include the following:

Lead

“Bodily injury” or “Property damage” arising out of or alleged to have arisen out of:

- (1) exposure to lead, lead paint or any material containing lead or lead paint;
or
- (2) the existence, removal or abatement of lead, lead paint, or any material containing lead or lead paint, including without limitation:
 - (a) the costs of lead or lead paint removal; or
 - (b) “Property damage” or any other injury or damage suffered in the course of effecting such removal.

All other terms and conditions remain unchanged.

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: XLAM-125353003 State: Arkansas
First Filing Company: Greenwich Insurance Company, ... State Tracking Number: #64268 \$50
Company Tracking Number: 07MD-IS-GL37-MU-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
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Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	11/29/2007

Comments:

Attachment:

NAIC P & C Transmittal.pdf

		Review Status:	
Satisfied -Name:	Cover Letter	Approved	11/29/2007

Comments:

Attachment:

Cover letter - Lead Exclusion.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description	[This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	

**XL Insurance**

Regulatory Services Group
1201 North Market Street
Suite 501
Wilmington, DE 19801
USA
Toll Free 866-304-3079
Phone 302-661-7010
Fax 302-778-4190

November 9, 2007

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: Greenwich Insurance Company NAIC: 22322 / FEIN: 95-1479095
XL Insurance America, Inc. NAIC: 19607 / FEIN: 75-1221488
General Liability Independent Form Filing
Revised Lead Exclusion Endorsement
Our Filing Number: 07MD-IS-GL37-MU-AR
Proposed Effective Date: January 1, 2008

Dear Commissioner Bowman:

Greenwich Insurance Company and XL Insurance America, Inc. are submitting revised Lead Exclusion Endorsement XIL 430 0707 for your review and approval. We are removing the letter "h" that was shown before the word "Lead" in the previously filed and approved form XIL 430 0605.

Our proposed effective date is January 1, 2008.

Trusting you find all in order, your early review and approval/acknowledgement of this submission will be appreciated. Should you have any questions, please feel free to contact me at the numbers shown below.

Respectfully submitted,

Kate MacDonnell
Product Support Analyst
XL Insurance, Regulatory Services Group
P: 302-661-7040
F: 302.778.4190
Kate.MacDonnell@xlgroup.com